

DONATIONS TO VANCHCS

This form is to be used to accept both Monetary and Non-Monetary Donations.

TO BE COMPLETED BY THE VA SITE REPRESENTATIVE

Date received: _____ VA Site: _____ VSS: _____

Individual receiving donation: _____

Received by: ☐ US Mail ☐ Hand-delivered by: _____

THIS SECTION TO BE COMPLETED BY DONOR – PLEASE PRINT

Name of organization: _____

Name of individual (If Applicable): _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ Fax Number: (____) _____

E-Mail Address: _____

PLEASE ACCEPT THE FOLLOWING GIFT OR DONATION:

☐ Monetary Donation of (amount): \$_____ Cash ☐ Check ☐ #: _____ Date: _____

☐ Non-Monetary Donation of (*please include complete description and quantity*):

Manufacturer Part Number: _____ Quantity: _____

Item Description: _____

VALUE OF GIFT: \$_____

CHECK HERE IF ITEM WAS ON OUR WISH LIST ☐

CHECK HERE IF ITEM/DONATION IS RELATED TO COVID SUPPORT ☐

In accordance with IRS regulations regarding donations, it is understood that such donations are unrestricted and I have not received any goods or services by VA in consideration, in whole, or in part, for this contribution. VANCHCS Tax Exempt ID is #94-2674840

Signature of Donor or Organization Designee

THIS SECTION TO BE COMPLETED BY VA VOLUNTARY SERVICE REPRESENTATIVE

Monetary Donation to be placed in GPF: _____ FSR#: _____

Non-Monetary Donation delivered to: _____

Donation form scanned on: _____

Letter sent on: _____